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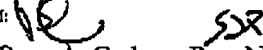
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**FACSIMILE TRANSMITTAL SHEET**TO:  
Shankar, Vijay, ExaminerFROM:   
Brett A. Carlson, Reg. No. 39,928COMPANY:  
USPTODATE:  
DECEMBER 7, 2005FAX NUMBER:  
571 273-8300TOTAL NO. OF PAGES INCLUDING COVER:  
13

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:  
SYN-088COB (028.1049X5X1C3)RE:  
Transmittal Form;  
Request for Continued Examination  
(RCE);  
Amendment;  
Revocation of Power of Attorney with  
New Power of Attorney and Change of  
Correspondence Address; and  
Statement Under 37 CFR 3.73(b)RECIPIENTS REFERENCE NUMBER:  
10/810,879

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

NOTES/COMMENTS:

**EXAMINING GROUP ART UNIT 2673  
FORMAL COMMUNICATION  
INTENDED FOR ENTRY**

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PTO/SB/21 (09-04)

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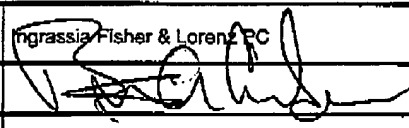
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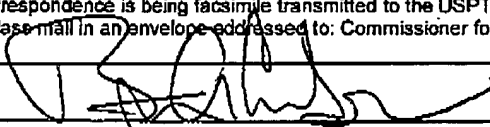
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/810,879	
	Filing Date	03/26/2004	
	First Named Inventor	David W. Gillespie	
	Art Unit	2673	
	Examiner Name	Shankar, Vijay	
Total Number of Pages in This Submission	12	Attorney Docket Number	SYN-088COB (028,1049X5X1C3)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE); and Statement Under 37 CFR 3.73(b).
Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Ingrassia Fisher & Lorenz PC		
Signature			
Printed name	Brett A. Carlson		
Date	December 7, 2005	Reg. No.	39,928

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Brett A. Carlson	Date	December 7, 2005

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